

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

Ken Lashuay

Plaintiff,

vs.

Aimee DeLine, et al.


Defendants.

Case No.1:17-cv-13581
Hon. Thomas Ludington
Mag. Patricia T. Morris

EXHIBIT 50

**PLAINTIFF'S RESPONSE TO MDOC
DEFENDANTS' MOTION FOR SUMMARY
JUDGMENT (DKT. 90) AND CORIZON
DEFENDANTS' MOTION FOR SUMMARY
JUDGMENT (DKT. 92)**

FF
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CORIZON HEALTH Policy & Procedure Clinical		 Date of Issue: 08/01/13 Revision Dates: 03/01/14
Site Name:		No: UM004
Title: Authorization for Outpatient Referrals – All States		

POLICY:

The Regional Medical Director (RMD) or designee will review requests for non-emergent specialty health care services. Upon approval and entry into the Pipes/QNXT claims system an authorization number will be established for the request. Authorization number is a diagnosis and procedure specific and may only be used for the service requested. Authorization number is obtained prior to scheduling the service requested.

All Utilization Management Specialists including Utilization Management Data Coordinators will report to the Corporate Utilization Management Directors.

Administrative oversight for all Utilization Management Specialists and all Utilization Management Data Coordinators at a Regional Office will fall under Regional Management Supervision.

PROCEDURE:

1. **Corizon Consultation Request Form** - The requesting physician or designee will complete the Corizon Consultation Request Form. **Requests must be legible and complete.** Request forms will be returned if information is not complete or illegible. There should only be one request for each referral.
2. **For Corizon contracts using EMR (Electronic Medical Record) clinical information is recommended in Corizon Consultation Request Form for entry in QNXT.**
3. The Utilization Management Specialist will review request:
 - ☛ Apply Corizon Abbreviated list (Pass through list) approve the request and send authorization number back to site
 - ☛ Apply the Patient- Centered Care Tracking List (T-List)
 1. Services that require InterQual review apply InterQual and send review to the Regional Medical Director (RMD) for determination.
 2. Services that don't require InterQual review send to Regional Medical Director (RMD) for determination.
 - ☛ For Services not included in Pass through list or T-list apply the following:
 1. If InterQual criteria are met, approve and send authorization back to site.
 2. If InterQual criteria is not met refer to RMD for determination.

4. If the RMD's action is an alternative treatment plan (ATP), the RMD will discuss the determination and reasoning with the site physician and document the alternative treatment plan (ATP) in the Corizon Outpatient Consultation Request Form. The requesting provider is responsible for discussing the alternative treatment plan (ATP) with the patient. PLEASE NOTE: Patients should not be informed of definite plans for consultation services until the request has been reviewed, approved.
5. If decision for Alternative Treatment Plan (ATP) is established, the Corizon Consultation Request Form will be entered in QNXT Claim system as such by the UM Department personnel. A copy of the Corizon Consultation Form will be e-mailed to the facility HSA or designee to communicate recommended treatment plan to the provider.
6. If the RMD's action is an alternative treatment plan, the RMD will note the determination and reasoning in the QNXT clinical notes and the Utilization Management specialist will document in the Corizon Outpatient Consultation Request Form the Alternative Treatment Plan.
7. The Utilization Management Department will assign the appropriate diagnosis code and service group and enter the approved service into the claims system. The entry of the approved service into the PIPES/QNXT claims system results in the automated assignment of an authorization number.
8. The time frame for handling the outpatient referrals is as follow:

Routine Referral	5 – 10 Business Days
Urgent Referral	1 – 2 Business Days
Emergent Referral	Same Day, To Be Handled by site/nurse

9. Once an authorization number has been received an appointment can be scheduled.
10. On the day of the appointment, the Corizon Practitioner Consultation Report Form must be sent with the patient to the off-site place of service and the letter is to be delivered to the provider performing the service. The provider will complete the Clinical Summary section of the letter, sign it, and send it back with Security. No additional authorizations for services are to be given by the site upon request from a provider unless it is considered urgent/emergent by the site Medical Director.
11. Upon return of the patient, the site Medical Director or designee will review the Clinical Summary section of the Corizon Practitioner Consultation Report Form for follow up as appropriate. The reviewed Corizon Consultation Report Form then will be placed in the patient's medical records.
12. **Multiple Encounter Requests** - There may be instances when one form is used to document requests for "multiple encounters." In these instances the "multiple encounters" request must be for the same type of service. For example one form may be used to request multiple dialysis visits. One form may not be used for both an office visit and a specialty radiological procedure.

13. **Serial Requests** - There may be instances when “serial” requests are submitted. In these instances the previously approved related request, along with justification for the current request may be submitted. For example, if a patient had an off-site encounter with a specialist and a subsequent radiological or surgical procedure is indicated, the request for the original visit, and the specialist report should be submitted with the second request. This process will minimize the need for duplication of documentation.
14. **Urgent Requests** – Urgent requests include, but are not limited to acute fracture care, dialysis access procedures, and specialty consultant procedure referrals that are used as an alternative to emergency department visits. In the event of an urgent referral request, attempts should be made to follow the standard process, as outlined in this policy. However, the urgent referral should not be delayed because an authorization number cannot be obtained within the necessary time frame (i.e., holidays, weekends, next day requirements). If the specialty provider requires an authorization number prior to performing service, the UM System Coordinator should be contacted via telephone and/or e-mail to obtain an authorization number.
15. In all instances the appropriate paperwork and communications should be completed as required by this policy even if it is after the urgent encounter has been performed.
16. Each site should have a process for identifying patients who are released from the care and custody of the correctional system prior to the appointment date. Scheduled appointments should be cancelled to ensure that CORIZON and our client are free of financial responsibility.
17. A Referral Review Tracking Log has been included for use as a tool for tracking Referral Reviews. The purpose of the log is to monitor the completion of all scheduled appointments and to document that specialty services reports have been reviewed by the Medical Director or designee.

🌀 For complete instructions on how to input data in QNXT please see attachment .